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3611

PATENT
450101-03141

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Yuichi HATTORI et al.
Serial No. : 09/980,143
Filed : March 4, 2002
For : **LEGGED MOBILE ROBOT, METHOD FOR CONTROLLING
LEGGED MOBILE ROBOT AND SENSOR FOR MEASURING
RELATIVE MOVEMENT OF LEGGED MOBILE ROBOT**
Examiner : Paul Royal
Art Unit : 3611

745 Fifth Avenue
New York, New York 10151
Tel. (212) 588-0800

EXPRESS MAIL

Mailing Label Number: EV287822215us

Date of Deposit: April 26, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: **Mail Stop Non-Fee Amendment
Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450.**

Charles Jackson

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Charles Jackson

(Signature of person mailing paper or fee)

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GROUP 3600

AMENDMENT

**Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450**

Sir:

In response to the Office Action dated January 27, 2004, please amend the above-identified application as follows:



PATENT
450101-03141

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No. : 09/980,143
Filed : March 4, 2002
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Examiner : Paul Royal
Art Unit : 3611

COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

745 Fifth Avenue
New York, NY 10151

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	28	Minus	= 30	0 ×	\$18(9)	= \$00.00
Independent claims	4	Minus	= 4	0 ×	\$86(43)	= \$.00
				Total additional fee for this amendment		\$.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid __, or is paid herewith __.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a __ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$00 is attached, which covers the cost of ☐ additional claims __ petition for one-month extension of time.
- ☐ Charge \$__ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Charles Jackson

(Typed or printed name of person mailing paper or fee)

Charles Jackson

(Signature of person mailing paper or fee)

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

Dennis M. Smid

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